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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Morgan, Matthew, Wade, ,		2. Candidate's FEC Identification Number H8MI01149
(b) Address (number and street) 11777 Willow Point Dr		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Traverse City MI 49686		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MI 01

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Committee to Elect Morgan for Michigan		
(b) Address (number and street) 807 Airport Access Road Suite 100		
(c) City, State, and ZIP Code Traverse City MI 49686		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Morgan, Matthew, , , <i>[Electronically Filed]</i>	Date 03/22/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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